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ABSTRACT

This brief factsheet presents information on mental illness in mentally retarded persons. The most prevalent disorders found in this population are schizophrenia, organic brain syndrome, adjustment disorders, personality disorders, depression, and behavioral problems. Few standardized methods of assessment exist for the diagnosis of mental illness in mentally retarded persons; professionals must rely on specific signs or actions rather than on the report of specific symptoms, and caution must be used when diagnosing mental illness in persons with severe or profound retardation because of the difficulty of distinguishing adaptive behavior problems from mental illness. About 20 to 35 percent of the mentally retarded people who live in the community suffer from emotional disturbance. The social conditions to which mentally retarded people are exposed, plus the presence of physical limitations, often place stress on the ability of the individual to cope, making it more likely that a retarded person may develop emotional disturbances. The lack of social interactions and a high frequency of central nervous system impairments may also be factors contributing to emotional disturbances. Treatment for mentally retarded people with mental illnesses focuses upon either psychotherapy, psychopharmacology, behavior management, or social skill training. Presently, a variety of treatment sites exist in selected communities but are not available throughout the United States. Hospitals, specialized group homes, foster homes, day programs at hospitals and clinics, and regular group homes may provide treatment sites, depending on the level of illness. (CB)

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Mental Illness in Persons with Mental Retardation
ARC Facts

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MENTAL ILLNESS IN PERSONS WITH MENTAL RETARDATION

by Linda R. Weber, M.S. and Sharon Wimmer, M.S.

What Types of Mental Illness Do People With Mental Retardation Develop?

Although some researchers believe that people with mental retardation experience a different range of and different quality of mental disorders, others believe that people with a mild to moderate level of mental retardation can develop the full range of emotional disorders found in people without mental retardation (Eaton & Menolascino, 1982). The most prevalent disorders include schizophrenia, organic brain syndrome, depression, adjustment disorders, personality disorders and behavioral disorders.

Schizophrenia: The symptoms of schizophrenia include social withdrawal, extreme sensitivity to criticism, bizarre behavior, emotional non-responsiveness and hallucinations.

Organic Brain Syndrome: Organic brain syndrome is a result of structural malformations of the brain. Symptoms of this disorder include hyperkinesis, impulsive behavior, increased irritability and self-stimulating behaviors such as head-banging.

Adjustment Disorders: Adjustment disorders may be identified by symptoms of tenseness, insomnia and fear of interpersonal changes.

Personality Disorders: The symptoms of personality disorders include social withdrawal, passivity, and sensitivity to other's criticisms.

Depression: Symptoms of depression include emotions of sadness, loneliness, guilt and anger; beliefs leading to self blame and self criticism; and physical complaints resulting from sleep disturbances, loss of appetite, diminished sex drive, weight loss and constipation.

Behavioral Problems: Behavioral problems include hyperactivity, repetitive speech, self-injurious behavior and extreme irritability.

What methods are used to diagnose mental illness in a person with mental retardation?

Few standardized methods of assessment exist for the diagnosis of mental illness in people with mental retardation. Professionals must rely on specific signs or actions rather than on the report of specific symptoms (ie., I feel depressed.) After a range of physical, neurological and psychological tests are given, an individual may be classified according to the criteria established in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatry Association, 1980). Caution must be utilized when diagnosing mental illness in persons with severe and profound retardation due to the difficulty of distinguishing adaptive behavior problems from mental illness.

What is the incidence and prevalence of people with mental retardation who are mentally ill?

According to Menolascino (1983), approximately 20-35 percent of people with mental retardation who live in the community suffer from emotional disturbance. In contrast, the incidence of mental illness in the general population is approximately 16-20 percent. It appears that people with mental retardation are slightly more at risk of developing mental illness than people without mental retardation.

Why are people with mental retardation more likely to develop mental illness than people without mental retardation?

The social conditions to which people at differing levels of mental retardation are exposed, plus the presence of physical limitations, often place stress on the ability of an individual to cope. Due to a high frequency of central nervous system impairments, people with severe and profound retardation frequently exhibit the signs of organic brain syndrome. In addition, a lack of social interactions accompanied with a frequent language delay within this population, often leads to decreased personality development and an enhancement of emotional problems.

People with moderate retardation often exhibit non-obsessive repetitions, relative inflexibility, simplicity and delayed language development. Care must be taken to distinguish these common traits from emotional disturbances. Personal disorders among people with moderate retardation usually develop due to a slower rate of development and lack of concrete approach to problem solving (Menolascino and McCann, 1983).

People with mild mental retardation are often aware of the negative social conditions which affect their every day lives. The negative attitudes of the public toward people with mental retardation may promote the development of mental illness as a means of coping. For example, rebellion against negative social conditions can be labeled as "anti-social behavior,"; the belief that a situation is hopeless often leads to depression; and an attempt to avoid negative social conditions often results in a withdrawal into the fantasy world of schizophrenics (Reiss, 1985).

What types of treatment are available?

Treatment for an individual with mental retardation who is mentally ill focuses upon either psychotherapy, psychopharmacology or social skills training. Psychotherapy employs the use of psychological techniques to relieve the effects of emotional or behavioral problems through the encouragement of both verbal and nonverbal interaction between the client and a professional therapist. Formerly, psychotherapy was viewed as an ineffective means of treating the emotional problems of people with

mental retardation. Today, psychotherapy is a commonly utilized approach on both an individual and a group basis for people with mild to moderate retardation.

Behavior management emphasizes the elimination of inappropriate or maladaptive actions. The underlying philosophy of this approach is the belief that maladaptive actions are just learned habits; if you get rid of the symptoms, you get rid of the underlying cause. Two primary forms of behavior management that have been used are operant conditioning and aversive reinforcement. Operant conditioning attempts to eliminate inappropriate behaviors through the process of rewarding desired behaviors and ignoring undesirable behaviors. Aversive reinforcement techniques, in contrast, attempt to eliminate inappropriate behaviors by punishing the individual when these behaviors occur. The Association for Retarded Citizens of the United States has called for an end to the use of aversive treatment approaches (ARC Resolution, 1984).

Psychopharmacology focuses upon the utilization of specific drugs which modify behavior and thought processes. The rationale behind psychopharmacology is the potential for creating a more acceptable candidate for other behavioral management programs. Excessive drug usage is reflected by the high number of people with mental retardation that utilize drugs for behavioral management: an estimated 38 percent of the institutionalized population and 26 percent of the population at community facilities (Hill, Balow & Bruininks, 1983). In order to avoid the potentially harmful consequences due to excessive drug usage, emphasis must be placed upon the creation of an individualized drug program which minimizes drug usage while maximizing the use of other appropriate means of behavior management.

Social skills training is another approach designed to alleviate emotional disturbance of people with mental retardation (Benson, Reiss, Smith & Laman, 1985). Some researchers believe that deficits in social skills enhance and maintain various types of psychopathology such as depression and schizophrenia. An increased level of social skills benefits individuals by facilitating their ability to cope with the demands of society.

What types of services are available for the individual who is both mentally retarded and mentally ill?

The perception of the problem of mental illness in people with mental retardation has affected the delivery of needed services to this population. In the past, emotional disturbances and mental retardation were viewed as coexisting and inseparable entities which were untreatable. Eventually, people realized that mental retardation was not the same as mental illness and two distinct service systems evolved. Thus, people who were dually diagnosed were shuttled between the two service systems and, in the process, were left unserved.

Today, the needs of an individual with both mental retardation and mental illness are still overshadowed by a primary diagnosis of mental retardation (Reiss, Levitan & Szyszko, 1982). Overshadowing involves an emphasis of treatment on mental retardation rather than mental illness. Although the needs of these individuals are still neither clearly defined nor adequately met, the service system has expanded and the quality of those services has improved.

Presently, a variety of treatment sites exist in some communities but are not universally available throughout the United States. The place of treatment is dependent upon the level of emotional disturbance. Twenty-four hour supervision is a necessity for those who pose a potential threat to themselves or others. However, few individuals fall into this category. If needed, constant supervision can be found in both an acute psychiatric care unit in a hospital or in a specialized group home. Specialized group homes can also function as a place for transition into a less restrictive community based setting once the psychiatric needs have become stable. Other less restrictive environments, such as foster homes and regular group homes, are appropriate if supportive mental health services are available. Such supportive services should be found in a day program in a hospital or clinic.

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